



COMMUTER CAMP COSTS

\$65 - per individual player registered
by July 10 (\$25 deposit
required for early registrants,
or payment in full)

\$80 - per individual registering
after July 10.

Please make check or money order payable to:
Hillsdale College Football Camp

Return camp application to:
Hillsdale College Sports Complex
Attention: Craig Blanchard
201 Oak Street
Hillsdale, MI 49242

HILLSDALE COLLEGE COACHING STAFF

Keith Otterbein: Head Coach

College Attended: Hillsdale College

Craig Blanchard: Defensive Coordinator

College Attended: Grand Valley State University

Nate Shreffler: Offensive Coordinator

College Attended: Hillsdale College

John Lindley: Linebacker Coach

College Attended: Michigan Tech University

Aaron Shreffler: Defensive Line Coach

College Attended: Ohio University

Pat Hornak: H-Back/Tight End Coach

College Attended: Hillsdale College

Steve Otterbein: Wide Receiver Coach

College Attended: Hillsdale College

Mark Nicolet: Quarterback Coach

College Attended: Hillsdale College

HILLSDALE COLLEGE CHARGERS



2010 FOOTBALL COMMUTER CAMP

Sunday, July 25
through
Wednesday, July 28
6:00 - 8:00 p.m.

For athletes entering grades 7-12 in the fall of 2010

hillsdale.edu/athletics/football/

HILLSDALE COLLEGE COMMUTER CAMP


From Sunday, July 25, through Wednesday, July 28, 2010, the Hillsdale College Chargers, an NCAA Division II member, will host a commuter camp for athletes entering grades 7-12 in the fall of 2010.

The camp will give students the opportunity to sharpen their football skills while utilizing their athletic abilities. Held at the Hillsdale College Health Education and Sports Complex (201 Oak Street) in Hillsdale, Michigan, the camp pairs athletes with Head Coach Keith Otterbein and other Charger coaches. Group sessions as well as individual position instruction highlight the event. For questions, please call (517) 437-7364.

Check-in and late registration begin at 5:00 p.m. on Sunday, July 25. Practice starts at 6:00 p.m. and ends at 8:00 p.m. each night.


Hillsdale College staff trainers are on site for emergency treatment only. No pre-practice treatment.

WHAT TO BRING TO CAMP

 HELMET (we cannot provide you with a helmet due to NCAA regulations)

 Tennis shoes and football shoes

 Workout clothes

 Balance of money owed (cash, check, money order or cashier's check)

CAMP INSTRUCTION

Offense:

Quarterbacks (QB)

- Stance and exchange
- Proper throwing mechanics
- Drop back and play action passing

Running Backs (RB)

- Stance and release
- Ball handling, faking and cutting
- Blocking and pass receiving

Wide Receivers (WR)

- Stance and release
- Route technique and catching
- Open field running and blocking

Tight Ends (TE)

- Stance and release
- Run and pass blocking
- Route technique and catching

Offensive Line (OL)

- Stance and footwork
- Run and pass blocking techniques

Defense:

Inside Linebackers (ILB)

- Stance, keys and reactions
- Blitz techniques
- Run and pass defense

Outside Linebackers (OLB)

- Stance, keys and reactions
- Run and pass defense
- Rush techniques and pass drops

Defensive Secondary (DB)

- Stance and release
- All phases of coverage
- Intercepting the football
- Deflections
- Man to man and zone coverage techniques

Defensive Line (DL)

- Stance, keys and reactions
- Pass rush techniques
- Run and pass defense

CAMP APPLICATION

Please print or type. Remove and return this portion to the address on the reverse side.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Age: _____ Grade in Fall 2010: _____

School: _____

Coach: _____

Off Pos: _____ Def Pos: _____ SP: _____

Ht: _____ Wt: _____

Adult T-shirt size: M L XL 2XL 3XL

Parental Consent and Waiver Form

I hereby appoint the staff of the Hillsdale College Football Camp to authorize medical treatment for my child for any injury or illness that may develop during camp. I hereby waive and release Hillsdale College and the camp's staff from any and all liabilities due to injuries incurred while at the camp. I accept full financial responsibility for any medical treatment that may occur.

Parent or Guardian's Signature

Date

Insurance Company / Policy Number